

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2014, or tax year beginning 07/01, 2014, and ending 06/30, 20 15

# 2014

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

The Leukemia & Lymphoma Society, Inc.

Employer identification number

13-5644916

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

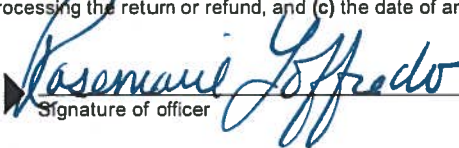
1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>281,628,930.00</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . . .	5b _____

## Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.


Sign Here  Date 2/9/16 Title EVP - CAO & CFO

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature 	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code	EIN _____			
					Phone no. _____

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date <u>2/9/16</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01249521</u>
	Firm's name <u>KPMG LLP</u>	Firm's EIN <u>13-5565207</u>			
	Firm's address <u>345 PARK AVENUE NEW YORK, NY 10154</u>	Phone no. <u>212-758-9700</u>			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1311 MAMARONECK AVENUE #310</p> City or town, state or province, country, and ZIP or foreign postal code <p>WHITE PLAINS NY 10605</p>	<b>D</b> Employer identification number <p><b>13-5644916</b></p> <b>E</b> Telephone number <p><b>914-949-5213</b></p> <b>G</b> Gross receipts \$ <b>387,950,949</b>
<b>F</b> Name and address of principal officer: <p><b>LOUIS J. DEGENNARO, PRESIDENT &amp; CEO</b>  <b>1311 MAMARONECK AVENUE</b>  <b>WHITE PLAINS NY 10605</b></p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.LLS.ORG</b>		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1949</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <p align="center"><b>OUR MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.</b></p> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) <span style="float:right">3 29</span> 4 Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4 29</span> 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) <span style="float:right">5 1321</span> 6 Total number of volunteers (estimate if necessary) <span style="float:right">6 3000000</span> 7a Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">7a 0</span> 7b Net unrelated business taxable income from Form 990-T, line 34 <span style="float:right">7b 0</span>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) <span style="float:right">Prior Year 302,437,152 Current Year 283,909,984</span> 9 Program service revenue (Part VIII, line 2g) <span style="float:right">0</span> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float:right">6,995,117 4,913,321</span> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float:right">663,718 -7,194,375</span> 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float:right">310,095,987 281,628,930</span>	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float:right">130,249,475 107,996,054</span> 14 Benefits paid to or for members (Part IX, column (A), line 4) <span style="float:right">0</span> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float:right">94,185,722 85,679,493</span> 16a Professional fundraising fees (Part IX, column (A), line 11e) <span style="float:right">7,178,370 4,709,809</span> b Total fundraising expenses (Part IX, column (D), line 25) ▶ <span style="float:right">42,413,663</span> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float:right">85,584,715 79,057,701</span> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float:right">317,198,282 277,443,057</span> 19 Revenue less expenses. Subtract line 18 from line 12 <span style="float:right">-7,102,295 4,185,873</span>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) <span style="float:right">Beginning of Current Year 242,581,527 End of Year 214,485,806</span> 21 Total liabilities (Part X, line 26) <span style="float:right">145,444,419 116,963,860</span> 22 Net assets or fund balances. Subtract line 21 from line 20 <span style="float:right">97,137,108 97,521,946</span>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <p><b>ROSEMARIE LOFFREDO</b></p> Type or print name and title	Date <p><b>2/9/16</b></p>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p><b>KPMG LLP</b></p> Firm's name <p><b>345 Park Avenue</b></p> Firm's address <p><b>New York, NY 10154-0102</b></p>	Preparer's signature Date Check <input type="checkbox"/> if PTIN self-employed <b>P01249521</b> Firm's EIN ▶ <b>13-5565207</b> Phone no. <b>212-758-9700</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**OUR MISSION IS TO CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA, AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND THEIR FAMILIES.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **69,238,255** including grants of \$ **65,760,793** ) (Revenue \$ )**A) RESEARCH PROGRAMS:**

With advisory input from recognized biomedical research experts, LLS funds exemplary projects across the entire research continuum relevant to improved outcomes for blood cancer patients, from basic laboratory science through clinical trials, and from investigator-initiated research to private-sector drug development alliances. LLS is deliberate and purposeful in finding and supporting research that is most likely to help patients as soon as possible.

To date, LLS has invested over \$1 billion in research aimed at helping all blood cancer patients live better, longer lives.

(Continued on Schedule O).

4b (Code: ) (Expenses \$ **86,747,069** including grants of \$ **42,235,261** ) (Revenue \$ )**B) PATIENT & COMMUNITY SERVICES:**

An estimated 1.2 million people across the United States (US) currently battle leukemia, lymphoma and myeloma. The Leukemia & Lymphoma Society (LLS) offers a free, comprehensive array of services to blood cancer patients and their families, volunteer caregivers and advocates, healthcare professionals and the public.

LLS is committed to providing the most accurate and up-to-date blood cancer information. Professional volunteer clinical advisors work with LLS staff to review all of the information LLS provides through healthcare professional and patient education programs, publications and the LLS website. (Continued on schedule O).

4c (Code: ) (Expenses \$ **33,246,948** including grants of \$ ) (Revenue \$ )**C) PUBLIC HEALTH EDUCATION:**

Information and Education.

Information Resource Center.

Paying for medical care, making treatment choices, communicating with healthcare providers, family members and friends-these are some of the stresses that come with a cancer diagnosis.

LLS Information Specialists are Master's level oncology social workers, nurses and health educators who provide help with disease, treatment and clinical trial information and support. LLS Information Specialists conduct clinical-trial searches to help patients work with their doctors to find out about specific clinical trials. (Continued on schedule O).

4d Other program services (Describe in Schedule O.)

(Expenses \$ **16,562,341** including grants of \$ ) (Revenue \$ )4e Total program service expenses ▶ **205,794,613**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>X</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	845		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	23		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	1321		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: <b>Canada</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 29		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 29		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>X</b>	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>X</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
	<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **AK, AL, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**ROSEMARIE LOFFREDO** 1311 **MAMARONECK AVENUE** **NY 10605** **914-949-5213**  
**WHITE PLAINS**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUIS J. DEGENNARO ..... PRESIDENT & CEO	40.00 1.00			X			457,834	0	112,974	
(2) ROSEMARIE A. LOFFREDO ..... EVP-CAO & CFO	40.00 1.00			X			312,192	0	24,816	
(3) GORDON MILLER, JR ..... SVP FINANCE	40.00 1.00			X			220,116	0	47,340	
(4) MARK ROITHMAYR ..... EVP-CHIEF DEVEL OFF	40.00 0.00				X		353,760	0	50,033	
(5) GEORGE J. OMIROS - TERM APR15 ..... EVP-CHIEF CAMP&FIELD	40.00 0.00				X		318,316	0	50,125	
(6) BRIAN ROSEN - TERM FEB15 ..... CHIEF POLICY & ADVOC	40.00 0.00				X		292,610	0	29,649	
(7) LEE M. GREENBERGER ..... SVP & CHIEF SCIENTIF	40.00 0.00				X		284,166	0	42,905	
(8) JEFFREY COMO - TERM DEC14 ..... CHIEF INFORM.OFFICER	40.00 0.00				X		438,470	0	21,907	
(9) LISA STOCKMON - TERM SEPT14 ..... EVP-CHIEF MARK.OFFIC	40.00 0.00				X		278,930	0	21,359	
(10) GABRIELLE URQUHART - TERM JUN15 ..... REGIONAL VP	40.00 0.00				X		237,376	0	19,947	
(11) JOHN E. WALTER - TERM FEB14 ..... FORMER PRES & CEO	40.00 1.00				X		839,890	0	24,354	



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JAMES H. DAVIS, PHD	6.00									
CHAIR	2.00	X		X				0	0	
(13) ELIZABETH J. CLARK	4.00									
VICE CHAIR	2.00	X		X				0	0	
(14) KENNETH M. SCHWARTZ	4.00									
SECRETARY/TREASURER	2.00	X		X				0	0	
(15) DONALD PROCTOR	4.00									
AT-LARGE	2.00	X		X				0	0	
(16) JAMES A. BECK	4.00									
BOD MEMBER	0.00	X						0	0	
(17) WILLIAM G. BEHNKE	4.00									
BOD MEMBER	0.00	X						0	0	
(18) JORGE L. BENITEZ	4.00									
BOD MEMBER	0.00	X						0	0	
(19) JAMES E. BRADNER	4.00									
BOD MEMBER	0.00	X						0	0	
<b>1b Sub-total</b>							<b>4,033,660</b>		<b>445,409</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>4,033,660</b>		<b>445,409</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 164**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>X</b>	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
OLIVER STAFFING, INC. NEW YORK NY 10016	350 LEXINGTON AV. SUITE 401 TEMP STAFFING	5,843,380
MAIL AMERICA COMMUNICATIONS FOREST VA 24551	174 ELKTON FARM RD FUNDRAISING SER	4,304,214
PATIENT ADVOCACY FOUNDATION HAMPTON VA 23666	421 BUTLER FARM RD PAT ASSIST PROC	4,176,617
RESOLUTE MEDIA LLC NEW YORK NY 10001	137 W 25TH ST DIGITAL MARKETI	2,100,611
COMPETITOR GROUP SAN DIEGO CA 92121	9477 WAPLES STREET ENDURANCE SPORT	1,418,995

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>PETER B. BROCK</b>	4.00									
<b>BOD MEMBER</b>	0.00	X						0	0	
(13) <b>DANA A. CALLOW, JR.</b>	4.00									
<b>BOD MEMBER</b>	0.00	X						0	0	
(14) <b>SCOTT A. CARROLL</b>	4.00									
<b>BOD MEMBER</b>	0.00	X						0	0	
(15) <b>WILLIAM S. DALTON</b>	4.00									
<b>BOD MEMBER</b>	0.00	X						0	0	
(16) <b>TIMOTHY DURST</b>	4.00									
<b>BOD MEMBER</b>	0.00	X						0	0	
(17) <b>GRACIELA C. ELETA</b>	4.00									
<b>BOD MEMBER</b>	0.00	X						0	0	
(18) <b>BERNARD H. GARIL</b>	4.00									
<b>BOD MEMBER</b>	0.00	X						0	0	
(19) <b>BETH E. HAWLEY</b>	4.00									
<b>BOD MEMBER</b>	0.00	X						0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>FRANCIE HELLER</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(13) <b>RAANAN HOROWITZ</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(14) <b>RICHARD M. JEANNERET</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(15) <b>JOSEPH B. KELLEY</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(16) <b>RALPH LAWSON</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(17) <b>MICHELLE LE BEAU</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(18) <b>GILLES LEGAULT</b>	4.00									
BOD MEMBER	0.00	X						0	0	
(19) <b>CONNIE LINDSEY</b>	4.00									
BOD MEMBER	0.00	X						0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) STEVEN T. ROSEN	4.00									
BOD MEMBER	0.00	X						0	0	
(13) FRANK O. SMITH	4.00									
BOD MEMBER	0.00	X						0	0	
(14) KATHRYN C. VECELLIO	4.00									
BOD MEMBER	0.00	X						0	0	
(15) LOUISE G. WARNER	4.00									
BOD MEMBER	0.00	X						0	0	
(16) KEITH S. WHITE	4.00									
BOD MEMBER	0.00	X						0	0	
(17) RODMAN N. MYERS	1.00									
LIFE MEMBER-DECEASED	0.00	X						0	0	
(18)										
(19)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	<b>1,859,098</b>				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	<b>162,196,401</b>				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>119,854,485</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f:	\$	<b>969,388</b>				
	<b>h Total.</b> Add lines 1a-1f			<b>283,909,984</b>			
<b>Program Service Revenue</b>	<b>2a</b> .....	Busn. Code					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>1,877,457</b>			<b>1,877,457</b>
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties			<b>13,955</b>			<b>13,955</b>	
<b>6a</b> Gross rents		(i) Real	(ii) Personal				
		<b>b</b> Less: rental exps.					
		<b>c</b> Rental inc. or (loss)					
<b>d</b> Net rental income or (loss)							
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis & sales exps.					
		<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss)				<b>3,035,864</b>	<b>0</b>		<b>3,035,864</b>
<b>8a</b> Gross income from fundraising events (not including \$ 162,196,401 of contributions reported on line 1c). See Part IV, line 18		<b>a</b>		<b>15,797,770</b>			
		<b>b</b> Less: direct expenses	<b>b</b>	<b>23,557,444</b>			
		<b>c</b> Net income or (loss) from fundraising events			<b>-7,759,674</b>		<b>-7,759,674</b>
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>		<b>631,918</b>			
	<b>b</b> Less: direct expenses	<b>b</b>	<b>137,403</b>				
	<b>c</b> Net income or (loss) from gaming activities			<b>494,515</b>	<b>0</b>	<b>494,515</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>					
<b>11a</b> OTHER MISCELLANEOUS		<b>900099</b>	<b>56,829</b>			<b>56,829</b>	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			<b>56,829</b>				
<b>12 Total revenue.</b> See instructions.			<b>281,628,930</b>	<b>0</b>	<b>0</b>	<b>-2,281,054</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	58,051,232	58,051,232		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	42,235,261	42,235,261		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,709,561	7,709,561		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,904,623	1,250,249	321,172	333,202
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	68,051,957	44,648,621	11,495,171	11,908,165
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,663,579	944,099	409,403	310,077
9 Other employee benefits	9,358,662	5,311,142	2,303,141	1,744,379
10 Payroll taxes	4,700,672	2,667,682	1,156,823	876,167
11 Fees for services (non-employees):				
a Management				
b Legal	784,221	491,513	128,390	164,318
c Accounting	292,025	183,027	47,810	61,188
d Lobbying	623,467	390,759	102,073	130,635
e Professional fundraising services. See Part IV, line 17	4,709,809			4,709,809
f Investment management fees	75,197	47,131	12,311	15,755
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,219,202	11,418,920	2,982,803	3,817,479
12 Advertising and promotion	7,475,264	3,318,576	1,018,944	3,137,744
13 Office expenses	20,158,375	8,691,467	2,271,929	9,194,979
14 Information technology	6,188,376	3,878,576	1,013,146	1,296,654
15 Royalties				
16 Occupancy	9,023,616	5,601,465	1,754,904	1,667,247
17 Travel	5,121,398	3,449,430	737,063	934,905
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,462,185	1,981,473	263,068	217,644
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,721,945	2,068,849	2,473,456	1,179,640
23 Insurance	594,312	247,009	236,700	110,603
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MISCELLANEOUS</b>	2,027,268	1,079,451	466,829	480,988
b <b>DUES &amp; SUBSCRIPTIONS</b>	290,850	129,120	39,645	122,085
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	277,443,057	205,794,613	29,234,781	42,413,663
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	12,521,693	2,812,241		9,709,452

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing .....	<b>6,268,949</b>	<b>1</b>	<b>7,141,619</b>
	<b>2</b> Savings and temporary cash investments .....	<b>20,220,498</b>	<b>2</b>	<b>42,601,449</b>
	<b>3</b> Pledges and grants receivable, net .....	<b>8,575,572</b>	<b>3</b>	<b>8,633,988</b>
	<b>4</b> Accounts receivable, net .....	<b>311</b>	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	<b>4,955,078</b>	<b>9</b>	<b>5,813,918</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>35,132,960</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>20,430,449</b>	<b>10c</b>	<b>14,702,511</b>
	<b>11</b> Investments—publicly traded securities .....	<b>128,829,280</b>	<b>11</b>	<b>86,639,070</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 .....	<b>57,322,231</b>	<b>12</b>	<b>48,953,251</b>
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>242,581,527</b>	<b>16</b>	<b>214,485,806</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>20,275,231</b>	<b>17</b>	<b>17,799,196</b>
	<b>18</b> Grants payable .....	<b>99,130,986</b>	<b>18</b>	<b>81,859,872</b>
	<b>19</b> Deferred revenue .....	<b>26,038,202</b>	<b>19</b>	<b>17,304,792</b>
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	<b>145,444,419</b>	<b>26</b>	<b>116,963,860</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and</b> <b>complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	<b>67,582,758</b>	<b>27</b>	<b>71,640,456</b>
	<b>28</b> Temporarily restricted net assets .....	<b>26,592,408</b>	<b>28</b>	<b>22,847,577</b>
	<b>29</b> Permanently restricted net assets .....	<b>2,961,942</b>	<b>29</b>	<b>3,033,913</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and</b> <b>complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> .....	<b>97,137,108</b>	<b>33</b>	<b>97,521,946</b>	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	<b>242,581,527</b>	<b>34</b>	<b>214,485,806</b>	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	281,628,930
2	Total expenses (must equal Part IX, column (A), line 25)	2	277,443,057
3	Revenue less expenses. Subtract line 2 from line 1	3	4,185,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	97,137,108
5	Net unrealized gains (losses) on investments	5	-3,934,019
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	132,984
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	97,521,946

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. \_\_\_\_\_

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2014**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	270,043,865	282,672,072	279,789,664	302,437,152	283,909,984	1418852737
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	270,043,865	282,672,072	279,789,664	302,437,152	283,909,984	1418852737
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						222,588,669
<b>6 Public support.</b> Subtract line 5 from line 4.						1196264068

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4	270,043,865	282,672,072	279,789,664	302,437,152	283,909,984	1418852737
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,145,637	2,705,046	2,260,636	1,203,865	1,891,412	11,206,596
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,779,485	1,502,044	1,974,227	104,879	56,829	5,417,464
<b>11 Total support.</b> Add lines 7 through 10						1435476797
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	160,341,605
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	83.34 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14	<b>15</b>	84.50 %
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	%

- 19a** 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b** 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> <b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> <b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>		
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)			
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9</b>	Distributable amount for 2014 from Section C, line 6			
<b>10</b>	Line 8 amount divided by Line 9 amount			
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b>	Distributable amount for 2014 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2014:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>	From 2013 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2014 distributable amount			
<b>i</b>	Carryover from 2009 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2014 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2014 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	Excess from 2013 . . .			
<b>e</b>	Excess from 2014 . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

**Part II, Line 10 - Other Income Detail**

**Grant Terminations & Refunds** \$ 5,069,350

**Other Misc. Revenue** \$ 348,114



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2014**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization is described below.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY, INC</b>	Employer identification number <b>13-5644916</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ .....
- 3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ .....
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ .....
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ .....
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ .....
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ .....
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	<b>X</b>		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<b>X</b>		
<b>c</b> Media advertisements?		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public?		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements?	<b>X</b>		<b>149,762</b>
<b>f</b> Grants to other organizations for lobbying purposes?		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	<b>X</b>		<b>164,749</b>
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<b>X</b>		<b>236,088</b>
<b>i</b> Other activities?	<b>X</b>		<b>623,467</b>
<b>j</b> Total. Add lines 1c through 1i			<b>1,174,066</b>
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<b>X</b>	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**Schedule C, Part II-B, Line 1**

LLS is a member of a number of coalitions and memberships including Friends of Cancer Research, Alliance For A Stronger FDA, One Voice Against Cancer, National Health Council, The Cancer Leadership Council and The State Access to Innovative Medicines Coalition.

**Part IV** Supplemental Information (continued)

LLS partners with a number of lobbying firms who work with our public policy staff to carry out our lobbying objectives. LLS mobilizes patient-advocates and volunteers to engage with their federal and state legislators through digital advocacy - sending letters; sharing their personal stories; signing petitions; and encouraging their legislators to support LLS' policy priorities. In conjunction with LLS employees, patient-advocates also visit their legislators in their local offices, in Washington, DC and in state capitols to further LLS' policy agenda.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

THE LEUKEMIA & LYMPHOMA SOCIETY, INC

13-5644916

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, number of easements, and monitoring requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	6,122,698	6,027,657	6,000,186	6,059,994	5,023,902
<b>b</b> Contributions .....					111,064
<b>c</b> Net investment earnings, gains, and losses .....	218,549	313,872	482,520	48,916	938,068
<b>d</b> Grants or scholarships .....	-221,499	-215,000	-450,000		
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....	-4,103	-3,831	-5,049	-9,992	-13,040
<b>g</b> End of year balance .....	6,115,645	6,122,698	6,027,657	6,000,186	6,059,994

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ **50.00** %
  - c** Temporarily restricted endowment ▶ **50.00** %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No       |
|--|-----|----------|
| <b>(i)</b> unrelated organizations ..... |     | <b>X</b> |
| <b>(ii)</b> related organizations .....  |     | <b>X</b> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		942,329	504,716	437,613
<b>d</b> Equipment .....		31,500,031	17,235,878	14,264,153
<b>e</b> Other .....		2,690,600	2,689,855	745
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>14,702,511</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <b>FUND OF HEDGE FUNDS- OPERATING</b>	<b>46,036,786</b>	<b>Market</b>
(A) <b>457B PLAN</b>	<b>1,491,954</b>	<b>Market</b>
(B) <b>FUND OF HEDGE FUNDS-ENDOWMENT</b>	<b>1,424,511</b>	<b>Market</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>48,953,251</b>	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	298,163,084
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,934,019	
b	Donated services and use of facilities	2b	9,864,376	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	10,678,994	
e	Add lines 2a through 2d	2e	16,609,351	
3	Subtract line 2e from line 1	3	281,553,733	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,197	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	75,197	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	281,628,930	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	297,885,296
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	9,864,376	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	10,653,060	
e	Add lines 2a through 2d	2e	20,517,436	
3	Subtract line 2e from line 1	3	277,367,860	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,197	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	75,197	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	277,443,057	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part III, Line 4 - Collections and Relation to Exempt Purpose**

The LLS collection is of photographs which are used for public exhibition at fundraising events held to support LLS's programs.

**Part V, Line 4 - Intended Uses for Endowment Funds**

LLS's endowments are intended to fund research as well as support LLS's Public Education Programs.

**Part X - FIN 48 Footnote**

LLS recognizes the effect of income tax positions only if those tax positions are more likely than not to be sustained. Income generated from activities unrelated to LLS's exempt purpose is subject to tax under Internal Revenue Code Section 511. LLS did not recognize any unrelated business income tax liability for the years Ended June 30, 2015 and 2014.



**Part XIII Supplemental Information** (continued)**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

LLS Canada Revenue	\$ 10,501,177
LLS Canada Gain On Investment	\$ 177,817

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

LLS Canada Expenses	\$ 10,122,744
Foreign Currency Translation	\$ 530,316

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>EAST ASIA</b>					
(1)		3	RESEARCH FUNDING	RESEARCH GRANTS	1,695,000
<b>EUROPE</b>					
(2)		13	RESEARCH FUNDING	RESEARCH GRANTS	4,351,803
<b>NORTH AMERICA</b>					
(3)	7	6	RESEARCH FUNDING	RESEARCH GRANTS	1,662,758
<b>CENTRAL AMERICA &amp; CARIBBEAN</b>					
(4)			INVESTMENTS	INVESTMENTS	20,635,431
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b> .....	7	22			28,344,992
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals (add lines 3a and 3b)</b>	7	22			28,344,992

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA	RESEARCH GRANT & PACIFIC	1,250,000	Check			ACCRUAL
(2)			EAST ASIA	RESEARCH GRANT & PACIFIC	55,000	Check			ACCRUAL
(3)			EAST ASIA	RESEARCH GRANT & PACIFIC	390,000	Check			ACCRUAL
(4)			EUROPE	RESEARCH GRANT	65,000	Check			ACCRUAL
(5)			EUROPE	RESEARCH GRANT	200,000	Check			ACCRUAL
(6)			EUROPE	RESEARCH GRANT	55,000	Check			ACCRUAL
(7)			EUROPE	RESEARCH GRANT	1,250,000	Check			ACCRUAL
(8)			EUROPE	RESEARCH GRANT	110,000	Check			ACCRUAL
(9)			EUROPE	RESEARCH GRANT	200,000	Check			ACCRUAL
(10)			EUROPE	RESEARCH GRANT	200,000	Check			ACCRUAL
(11)			EUROPE	RESEARCH GRANT	395,665	Check			ACCRUAL
(12)			EUROPE	THERAPY ACCELERATION	1,000,000	Wire			FMV
(13)			EUROPE	THERAPY ACCELERATION	750,000	Wire			FMV
(14)			EUROPE	THERAPY ACCELERATION	16,138	Check			FMV
(15)			EUROPE	THERAPY ACCELERATION	10,000	Check			FMV
(16)			EUROPE	THERAPY ACCELERATION	100,000	Check			FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **18**

3 Enter total number of other organizations or entities ..... **18**

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH GRANT	200,000	Check			ACCRUAL
(2)			NORTH AMERICA	RESEARCH GRANT	200,000	Check			ACCRUAL
(3)			NORTH AMERICA	RESEARCH GRANT	300,000	Check			ACCRUAL
(4)			NORTH AMERICA	RESEARCH GRANT	200,000	Check			ACCRUAL
(5)			NORTH AMERICA	RESEARCH GRANT	363,353	Check			ACCRUAL
(6)			NORTH AMERICA	RESEARCH GRANT	399,405	Check			ACCRUAL
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) .....  Yes  No

Schedule F (Form 990) 2014

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY. THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING. TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS. THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD. AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD. WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR. WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER. IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE DELINQUENT REPORT.

**Part I, Line 3 - Activities per Region**

Region	Expenditures	Investments
EAST ASIA	\$ 1,695,000	\$ 0
EUROPE	\$ 4,351,803	\$ 0
NORTH AMERICA	\$ 1,662,758	\$ 0
CENTRAL AMERICA & CARIBBEAN	\$ 0	\$ 20,635,431

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MAIL AMERICA COMMUNICATIONS INC. 1 174 ELKTON FARM ROAD FOREST VA 24551	DIRECT MAI		X	0	5,000,715	-5,000,715
INFOCISION MANAGEMENT CORPORATION 2 325 SPRINSIDE DRIVE AKRON OH 44333	TELEMARKET		X	0	828,717	-828,717
THOMPSON, HABIB & DENISON 3 80 HAYDEN AVENUE, SUITE 300 LEXINGTON MA 02421	DIRECT MAI		X	0	575,275	-575,275
COINSTAR 4 1800 114th Avenue SE Bellevue WA 98004	COIN COLLE		X	0	400,303	-400,303
DONOR CARE CENTER INC. 5 4345 STRAUSSER ST NW NORTH CANTON OH 44720	TELEMARKET		X	0	212,080	-212,080
6						
7						
8						
9						
10						
<b>Total</b>					<b>7,017,090</b>	<b>-7,017,090</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**All states as well as the District of Columbia and Puerto Rico**



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>Nike Women Mara</u> (event type)	<u>Lake Tahoe Cycl</u> (event type)	<u>741</u> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts	4,507,326	3,308,624	170,178,221	177,994,171
2 Less: Contributions	4,476,491	3,294,124	154,425,786	162,196,401
3 Gross income (line 1 minus line 2)	30,835	14,500	15,752,435	15,797,770
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes	8,829	63,659	3,806,128	3,878,616
6 Rent/facility costs	556,046	190,171	7,237,129	7,983,346
7 Food and beverages	77,427	31,311	3,240,623	3,349,361
8 Entertainment			1,083,633	1,083,633
9 Other direct expenses	547,023	261,890	6,453,575	7,262,488
10 Direct expense summary. Add lines 4 through 9 in column (d)				23,557,444
11 Net income summary. Subtract line 10 from line 3, column (d)				-7,759,674

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue			631,918	631,918
<b>Direct Expenses</b>				
2 Cash prizes			3,913	3,913
3 Noncash prizes			129,490	129,490
4 Rent/facility costs				
5 Other direct expenses			4,000	4,000
6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				137,403
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				494,515

9 Enter the state(s) in which the organization conducts gaming activities: Schedule G, Part IV  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |   |                             |     |         |
|---|-----------------------------|-----|---------|
| a | The organization's facility | 13a | 25.00 % |
| b | An outside facility         | 13b | 75.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ROSEMARIE LOFFREDO  
 1311 MAMARONECK AVENUE  
 Address ▶ WHITE PLAINS NY 10605

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

## 16 Gaming manager information:

Name ▶ SEE SCHEDULE G, PART IV

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer  Employee  Independent contractor

## 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**Schedule G, Page 3, Part IV - Additional Information****Schedule G Part I, Line 2B**

LLS used Mail America Communications and Thompson, Habib & Denison For its national community campaign and direct mail programs. These programs generated gross receipts of \$20,336,576 during fiscal year 2015. LLS used Infocision management Corporation, Coinstar and Donor Care Center for all of its other fundraising events during fiscal year 2015.

**Schedule G, Part II - Line 2**

Contributions represent the cash donations in excess of the fair market value of benefits provided to the donor.

**Schedule G, Part II, Lines 4 - 10**

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer     Employee     Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**Direct expenses are costs incurred by the Organization to host the events.**

Schedule G, Part III, Line 9 - States With Gaming Operations  
 Arizona, District Of Columbia, Iowa, Kansas, Louisiana, Michigan, Nevada,  
 New York, Ohio, Oregon, Pennsylvania, Rhode Island, Texas, Wisconsin.

Schedule G, Part III, Line 16  
 The Leukemia & Lymphoma Society does not have an overall manager for gaming activities. Each gaming event is managed locally by the specific chapter staff.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Albert Einstein College of Medicine 1300 Morris Park Ave Bronx NY 10461	13-1624225	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Baylor College of Medicine 1 Baylor Plaza Houston TX 77030	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Baylor College of Medicine 1 Baylor Plaza Houston TX 77031	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Baylor College of Medicine 1 Baylor Plaza Houston TX 77032	74-1613878	3	1,250,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 102

3 Enter total number of other organizations listed in the line 1 table ▶ 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Baylor College of Medicine 1 Baylor Plaza Houston TX 77033	74-1613878	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Beckman Research Institute of City 1500 Duarte Road Duarte CA 91010-3000	95-3432210	3	400,000		ACCRUAL		RESEARCH GRANT
(3)	Beckman Research Institute of the C 1500 Duarte Road Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Beckman Research Institute of the C 1500 Duarte Road Duarte CA 91010	95-3432210	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Beth Israel Deaconess Medical Cente 330 Brookline Avenue Boston MA 00215	04-2103881	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Beth Israel Deaconess Medical Cente 330 Brookline Avenue Boston MA 00215	04-2103881	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Beth Israel Deaconess Medical Cente 330 Brookline Avenue Boston MA 00215	04-2103881	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Brandeis University 415 South Street Waltham MA 02453	04-2103552	3	55,000		ACCRUAL		RESEARCH GRANT
(9)	Brigham & Womens Hospital 75 Francis Street Boston MA 02115	04-2312909	3	1,250,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
 Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
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Name of the organization  
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Employer identification number  
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Part I  
**General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
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Part II  
**Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  
 2 Enter total number of other organizations listed in the line 1 table  
 3 Enter total number of other organizations listed in the line 1 table

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	(1) Brigham & Womens Hospital 75 Francis Street Boston MA 02115	04-2312909	3	200,000		ACCRUAL		RESEARCH GRANT
	(2) Brigham & Womens Hospital 75 Francis Street Boston MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
	(3) Brigham & Womens Hospital 75 Francis Street Boston MA 02115	04-2312909	3	110,000		ACCRUAL		RESEARCH GRANT
	(4) Brigham & Womens Hospital 75 Francis Street Boston MA 02115	04-2312909	3	55,000		ACCRUAL		RESEARCH GRANT
	(5) California Institute of Technology 12200 E California Blvd Pasadena CA 91125	95-1643307	3	55,000		ACCRUAL		RESEARCH GRANT
	(6) California Institute of Technology 12200 E California Blvd Pasadena CA 91125	95-1643307	3	55,000		ACCRUAL		RESEARCH GRANT
	(7) Case Western Reserve University - 2109 Adelbert Road Cleveland OH 44106	34-1018992	3	200,000		ACCRUAL		RESEARCH GRANT
	(8) Case Western Reserve University - 2109 Adelbert Road Cleveland OH 44106	34-1018992	3	200,000		ACCRUAL		RESEARCH GRANT
	(9) Cedars-Sinai Medical Center 8700 Beverly Blvd Los Angeles CA 90048	95-1644600	3	133,333		ACCRUAL		RESEARCH GRANT

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
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Employer identification number  
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**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Children's Hospital Corporation 300 Longwood Avenue Boston MA 02115	04-2774441	3	65,000		ACCRUAL		RESEARCH GRANT
(2)	Children's Hospital Corporation 300 Longwood Avenue Boston MA 02115	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Children's Hospital Corporation 300 Longwood Avenue Boston MA 02115	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Children's Hospital Corporation 300 Longwood Avenue Boston MA 02115	04-2774441	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	Children's Hospital of Philadelphia Civic Center Blvd Philadelphia PA 19104	23-1352166	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Children's Hospital of Philadelphia Civic Center Blvd Philadelphia PA 19104	23-1352166	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Cincinnati Children's Hospital Medi 3333 Burnet Avenue Cincinnati OH 45209	31-0833936	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Cincinnati Children's Hospital Medi 3333 Burnet Avenue Cincinnati OH 45209	31-0833936	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Cincinnati Children's Hospital Medi 3333 Burnet Avenue Cincinnati OH 45209	31-0833936	3	55,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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**13-5644916**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland OH 44195	91-2153073	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Cold Spring Harbor Laboratory 1 Bungtown Road Cold Spring Harbor NY 11724	11-2013303	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	Columbia University Medical Center 630 West 168th Street, Box 49 New York NY 10032	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Columbia University Medical Center 630 West 168th Street, Box 49 New York NY 10032	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Columbia University Medical Center 630 West 168th Street, Box 49 New York NY 10032	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	Columbia University Medical Center 630 West 168th Street, Box 49 New York NY 10032	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Columbia University Medical Center 630 West 168th Street, Box 49 New York NY 10032	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	Columbia University Medical Center 630 West 168th Street, Box 49 New York NY 10032	13-5598093	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Columbia University Medical Center 630 West 168th Street, Box 49 New York NY 10032	13-5598093	3	55,000		ACCRUAL		RESEARCH GRANT

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
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**Grants and Other Assistance to Organizations,  
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Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  
**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	Columbia University Medical Center 630 West 168th Street, Box 49 New York NY 10032	13-5598093	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Columbia University Medical Center 630 West 168th Street, Box 49 New York NY 10032	13-5598093	3	400,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	1,250,000		ACCRUAL		RESEARCH GRANT
(7)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	288,909		ACCRUAL		RESEARCH GRANT
(9)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT

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(1)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	136,605		ACCRUAL		RESEARCH GRANT
(5)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	15,477		ACCRUAL		RESEARCH GRANT
(8)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT

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**SCHEDULE I  
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Yes  No

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Dana Farber Cancer Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	Dana Farber Cancer Institute 450 Brookline Avenue Boston MA 02215	04-2263040	3	400,000		ACCRUAL		RESEARCH GRANT
(6)	Dana Farber Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	194,425		FMV		THERAPY ACCELERATION
(7)	Dana Farber Institute 450 Brookline Ave Boston MA 02215	04-2263040	3	194,425		FMV		THERAPY ACCELERATION
(8)	Duke University Medical Center 134 Chapel Drive Durham NC 27708	56-0532129	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Duke University Medical Center 134 Chapel Drive Durham NC 27708	56-0532129	3	200,000		ACCRUAL		RESEARCH GRANT

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Duke University Medical Center Sponsored Programs, 324 Blackwell S Durham NC 27708	56-0532129	3	398,985		ACCRUAL		RESEARCH GRANT
(2)	Emory University PO Box 935084 Atlanta GA 31193	58-0566256	3	250,000	FMV			THERAPY ACCELERATION
(3)	Fox Chase Cancer Center 333 Cottman Avenue Philadelphia PA 19111-2434	23-2003072	3	200,000	ACCRUAL			RESEARCH GRANT
(4)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500, Seattle WA 98109-1024	23-7156071	3	55,000	ACCRUAL			RESEARCH GRANT
(5)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500, Seattle WA 98109-1024	23-7156071	3	55,000	ACCRUAL			RESEARCH GRANT
(6)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500, Seattle WA 98109-1024	23-7156071	3	133,333	ACCRUAL			RESEARCH GRANT
(7)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500, Seattle WA 98109-1024	23-7156071	3	110,000	ACCRUAL			RESEARCH GRANT
(8)	Fred Hutchinson Cancer Research Cen 1100 Fairview Avenue North, J6-500, Seattle WA 98109-1024	23-7156071	3	200,000	ACCRUAL			RESEARCH GRANT
(9)	Harvard University 25 Shattuck Street, Room 509 Boston MA 02115	04-2103580	3	55,000	ACCRUAL			RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Harvard University 25 Shattuck Street, Room 509 Boston MA 02115	04-2103580	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Hospital for Special Surgery 535 E 70th Street New York NY 10021	13-6714749	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	Immune Disease Institute (fka) The 3 Blackfan Circle, CLSB 3rd Floor Boston MA 2115	04-2158520	3	1,250,000		ACCRUAL		RESEARCH GRANT
(4)	Indiana University (Indianapolis) 980 Indiana Avenue, Lockefield 2232 Indianapolis IN 46202-2915	35-6001673	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	Indiana University-Purdue Universit 980 Indiana Avenue, Lockefield 2232 Indianapolis IN 46202-2915	35-6001673	3	133,333		ACCRUAL		RESEARCH GRANT
(6)	Joan & Sanford I. Weill Medical Col 1300 York Avenue, Box 89 New York NY 10065-4805	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
(7)	Joan & Sanford I. Weill Medical Col 1300 York Avenue, Box 89 New York NY 10065-4805	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Joan & Sanford I. Weill Medical Col 1300 York Avenue, Box 89 New York NY 10065-4805	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Joan & Sanford I. Weill Medical Col 1300 York Avenue, Box 89 New York NY 10065-4805	13-1623978	3	200,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047  
**2014**  
Open to Public Inspection

Name of the organization

Employer identification number  
**13-5644916**

**Part I** **THE LEUKEMIA & LYMPHOMA SOCIETY, INC**  
**General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Joan & Sanford I. Weill Medical Col 1300 York Avenue, Box 89 New York NY 10065-4805	13-1623978	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Johns Hopkins University School of Johns Hopkins University Central Lo Chicago IL 60693	52-0595110	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Johns Hopkins University School of Johns Hopkins University Central Lo Chicago IL 60693	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	Johns Hopkins University School of Johns Hopkins University Central Lo Chicago IL 60693	52-0595110	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	Johns Hopkins University School of Johns Hopkins University Central Lo Chicago IL 60693	52-0595110	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Johns Hopkins University School of Johns Hopkins University Central Lo Chicago IL 60693	52-0595110	3	277,750		ACCRUAL		RESEARCH GRANT
(7)	La Jolla Institute for Allergy and 9420 Athena Circle La Jolla CA 92037	33-0328688	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	Massachusetts General Hospital 55 Fruit Street Boston MA 02114	04-1564655	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Massachusetts General Hospital 55 Fruit Street Boston MA 02114	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number  
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**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Massachusetts General Hospital 55 Fruit Street Boston MA 02114	04-1564655	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	Massachusetts Institute of Technolo 77 Massachusetts Avenue Cambridge MA 02139	04-2103594	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Massachusetts General Hospital 55 Fruit Street Boston MA 02114	04-1564655	3	356,484		ACCRUAL		RESEARCH GRANT
(4)	Mayo Clinic Arizona 13400 East Shea Blvd Scottsdale AZ 85259	41-6011702	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Mayo Clinic Arizona 13400 East Shea Blvd Scottsdale AZ 85259	41-6011702	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	Mayo Clinic Rochester 200 First Street SW Rochester MN 55905	41-6011702	3	300,000		ACCRUAL		RESEARCH GRANT
(7)	Mayo Clinic Rochester 200 First Street SW Rochester MN 55905	41-6011702	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Mayo Clinic Rochester 200 First Street SW Rochester MN 55905	41-6011702	3	320,258		ACCRUAL		RESEARCH GRANT
(9)	Memorial Sloan-Kettering Cancer Cen PO Box 26338 New York NY 10087	13-1924236	3	65,000		ACCRUAL		RESEARCH GRANT

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

**2014**

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Inspection**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Moffitt Cancer Center and Research 12902 Magnolia Drive Tampa FL 33612	59-3238636	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Moffitt Cancer Center and Research 12902 Magnolia Drive Tampa FL 33612	59-3238636	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	Mount Sinai School of Medicine Icahn School of Medicine at Mount S New York NY 10029-6574	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	Mount Sinai School of Medicine Icahn School of Medicine at Mount S New York NY 10029-6574	13-6171197	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	New York University School of Medic 545 First Avenue, GBH, SC1-55 New York NY 10016	13-5562308	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	New York University School of Medic 545 First Avenue, GBH, SC1-55 New York NY 10016	13-5562308	3	1,250,000		ACCRUAL		RESEARCH GRANT
(7)	New York University School of Medic 545 First Avenue, GBH, SC1-55 New York NY 10016	13-5562308	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	Northwestern University ASRSP, 633 Clark, Room G547 Evanston IL 60208	36-2167817	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Northwestern University ASRSP, 633 Clark, Room G547 Evanston IL 60208	36-2167817	3	300,000		ACCRUAL		RESEARCH GRANT

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Employer identification number  
**13-5644916**

**Part I General Information on Grants and Assistance**

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Northwestern University ASRSP, 633 Clark, Room G547 Evanston IL 60208	36-2167817	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	Northwestern University ASRSP, 633 Clark, Room G547 Evanston IL 60208	36-2167817	3	1,250,000		ACCRUAL		RESEARCH GRANT
(3)	Northwestern University ASRSP, 633 Clark, Room G547 Evanston IL 60208	36-2167817	3	133,333		ACCRUAL		RESEARCH GRANT
(4)	Ohio State University 1960 Kenny Road Columbus OH 43210	31-6025986	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Ohio State University 1960 Kenny Road Columbus OH 43210	31-6025986	3	300,000		ACCRUAL		RESEARCH GRANT
(6)	Ohio State University 1960 Kenny Road Columbus OH 43210	31-6025986	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Ohio State University 1960 Kenny Road Columbus OH 43210	31-6025986	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	Oregon Health & Science Univer 0690 SW Bancroft St Portland OR 97239	93-1176109	3	1,111,000		FMV		THERAPY ACCELERATION
(9)	Oregon Health & Science Univer 0690 SW Bancroft St Portland OR 97239	93-1176109	3	555,500		FMV		THERAPY ACCELERATION

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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**Part I General Information on Grants and Assistance**

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Oregon Health & Science University 3181 SW Sam Jackson Park Road, Mail Portland OR 97239	93-1176109	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	President & Fellows of Harvard Coll 6th Floor, Holyoke Center, 1350 Mas Cambridge MA 02138	04-2103580	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	President & Fellows of Harvard Coll 6th Floor, Holyoke Center, 1350 Mas Cambridge MA 02138	04-2103580	3	65,000		ACCRUAL		RESEARCH GRANT
(4)	President & Fellows of Harvard Coll 6th Floor, Holyoke Center, 1350 Mas Cambridge MA 02138	04-2103580	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Regents of the Univ of Michigan Box 223131 Pittsburgh PA 15251	38-6006309	3	157,433		FMV		THERAPY ACCELERATION
(6)	Regents of the Univ of Michigan Box 223131 Pittsburgh PA 15251	38-6006309	3	292,835		FMV		THERAPY ACCELERATION
(7)	Regents of the Univ of Michigan Box 223131 Pittsburgh PA 15251	38-6006309	3	238,915		FMV		THERAPY ACCELERATION
(8)	Regents of the University of Minnes 450 McNamara Alumni Center, 200 Oak Minneapolis MN 55455	41-6007513	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	Rhode Island Hospital 593 Eddy Street, Aldrich 3-317 Providence RI 02903	05-0258954	3	65,000		ACCRUAL		RESEARCH GRANT

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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Employer identification number  
**13-5644916**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Rockefeller University 1230 York Avenue New York NY 10021	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Rockefeller University 1230 York Avenue New York NY 10021	13-1624158	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Sloan-Kettering Institute for Cancer PO Box 26338 New York NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	Sloan-Kettering Institute for Cancer PO Box 26338 New York NY 10087	13-1924236	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	Sloan-Kettering Institute for Cancer PO Box 26338 New York NY 10087	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
(6)	Sloan-Kettering Institute for Cancer PO Box 26338 New York NY 10087	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	Sloan-Kettering Institute for Cancer PO Box 26338 New York NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	Sloan-Kettering Institute for Cancer PO Box 26338 New York NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Sloan-Kettering Institute for Cancer PO Box 26338 New York NY 10087	13-1924236	3	200,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**  
**General Information on Grants and Assistance**

Employer identification number  
**13-5644916**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	Sloan-Kettering Institute for Cance PO Box 26338 New York NY 10087	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Sloan-Kettering Institute for Cance PO Box 26338 New York NY 10087	13-1924236	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	Sloan-Kettering Institute for Cance PO Box 26338 New York NY 10087	13-1924236	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	Sloan-Kettering Institute for Cance PO Box 26338 New York NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	Sloan-Kettering Institute for Cance PO Box 26338 New York NY 10087	13-1924236	3	65,000		ACCRUAL		RESEARCH GRANT
(6)	Sloan-Kettering Institute for Cance PO Box 26338 New York NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	Sloan-Kettering Institute for Cance PO Box 26338 New York NY 10087	13-1924236	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	St. Jude Children's Research Hospit 332 N Lauderfdale Memphis TN 38105	62-0646012	3	110,000		ACCRUAL		RESEARCH GRANT
(9)	Stanford University PO Box 44253 San Francisco CA 94144	94-1156365	3	108,692		FMV		THERAPY ACCELERATION

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Stanford University PO Box 44253 San Francisco CA 94144	94-1156365	3	333,000		FMV		THERAPY ACCELERATION
(2)	Stowers Institute for Medical Research 1000 East 50th Street Kansas City MO 64110	20-2993509	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	SUNY Upstate Medical University 4283 Weiskotten Hall, 750 East Adam Syracuse NY 13210	16-6038703	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	Temple University 3307 North Broad Street Philadelphia PA 19140	23-1365971	3	400,000		ACCRUAL		RESEARCH GRANT
(5)	The Board of Regents of the University of Wisconsin 21 N. Park St., Suite 6401 Madison WI 53715-1218	39-6006492	3	215,000		ACCRUAL		RESEARCH GRANT
(6)	The Board of Regents of the University of Wisconsin 21 N. Park St., Suite 6401 Madison WI 53715-1218	39-6006492	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	The Board of Trustees of the Ieland 3160 Porter Drive, Suite 100 Palo Alto CA 94304	94-1156365	3	55,000		ACCRUAL		RESEARCH GRANT
(8)	The Board of Trustees of the Ieland 3160 Porter Drive, Suite 100 Palo Alto CA 94304	94-1156365	3	65,000		ACCRUAL		RESEARCH GRANT
(9)	The Board of Trustees of the Ieland 3160 Porter Drive, Suite 100 Palo Alto CA 94304	94-1156365	3	65,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2014**  
Open to Public  
Inspection

Employer identification number  
**13-5644916**

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**  
**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	The Board of Trustees of the Ieland 3160 Porter Drive, Suite 100 Palo Alto CA 94304	94-1156365	3	65,000		ACCRUAL		RESEARCH GRANT
(2)	The Board of Trustees of the Ieland 3160 Porter Drive, Suite 100 Palo Alto CA 94304	94-1156365	3	268,353		ACCRUAL		RESEARCH GRANT
(3)	The Board of Trustees of the Ieland 3160 Porter Drive, Suite 100 Palo Alto CA 94304	94-1156365	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	The Board of Trustees of the Ieland 3160 Porter Drive, Suite 100 Palo Alto CA 94304	94-1156365	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	The Board of Trustees of the Ieland 3160 Porter Drive, Suite 100 Palo Alto CA 94304	94-1156365	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	The Children's Hospital Boston 300 Longwood Avenue Boston MA 02115	04-2774441	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	The Johns Hopkins University School Johns Hopkins University Central Lo Chicago IL 60693	52-0595110	3	200,000		ACCRUAL		RESEARCH GRANT
(8)	The Johns Hopkins University School Johns Hopkins University Central Lo Chicago IL 60693	52-0595110	3	299,116		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of Ca 2150 Shattuck Avenue, Suite 313 Berkeley CA 94704-5940	94-6002123	3	65,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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Name of the organization

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Employer identification number  
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**Part I General Information on Grants and Assistance**

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Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	The Regents of the University of Ca 11000 Kinross Avenue, Suite 102 Los Angeles CA 90095	95-6006143	3	110,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of Ca 11000 Kinross Avenue, Suite 102 Los Angeles CA 90095	95-6006143	3	200,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of Ca 9500 Gilman Drive, MC 0009 La Jolla CA 92093-0009	95-6006144	3	55,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of Ca 9500 Gilman Drive, MC 0009 La Jolla CA 92093-0009	95-6006144	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of Ca 9500 Gilman Drive, MC 0009 La Jolla CA 92093-0009	95-6006144	3	1,250,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of Ca 9500 Gilman Drive, MC 0009 La Jolla CA 92093-0009	95-6006144	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of Ca 9500 Gilman Drive, MC 0009 La Jolla CA 92093-0009	95-6006144	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of Ca 9500 Gilman Drive, MC 0009 La Jolla CA 92093-0009	95-6006144	3	398,208		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT
(4)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(5)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	55,000		ACCRUAL		RESEARCH GRANT
(7)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	110,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number  
**13-5644916**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	The Regents of the University of Ca 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	200,000	ACCRUAL			RESEARCH GRANT
(2)	The Regents of the University of Mi 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	200,000	ACCRUAL			RESEARCH GRANT
(3)	The Regents of the University of Mi 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	110,000	ACCRUAL			RESEARCH GRANT
(4)	The Regents of the University of Mi 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	200,000	ACCRUAL			RESEARCH GRANT
(5)	The Regents of the University of Mi 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	110,000	ACCRUAL			RESEARCH GRANT
(6)	The Regents of the University of Mi 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	200,000	ACCRUAL			RESEARCH GRANT
(7)	The Regents of the University of Mi 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	110,000	ACCRUAL			RESEARCH GRANT
(8)	The Regents of the University of Mi 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	200,000	ACCRUAL			RESEARCH GRANT
(9)	The Regents of the University of Mi 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	110,000	ACCRUAL			RESEARCH GRANT
				200,000	ACCRUAL			RESEARCH GRANT
				110,000	ACCRUAL			RESEARCH GRANT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number  
**13-5644916**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	The Regents of the University of Michigan 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	300,000	ACCRUAL			RESEARCH GRANT
(2)	The Regents of the University of Michigan 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	110,000	ACCRUAL			RESEARCH GRANT
(3)	The Regents of the University of Michigan 3003 S. State St Ann Arbor MI 48109-1274	38-6006309	3	400,000	ACCRUAL			RESEARCH GRANT
(4)	The Scripps Research Institute 10550 North Torrey Pines Road, TPC-La Jolla CA 92037	33-0435954	3	55,000	ACCRUAL			RESEARCH GRANT
(5)	The Trustees of Columbia University 630 West 168th Street, Box 49 New York NY 10032	13-5598093	3	110,000	ACCRUAL			RESEARCH GRANT
(6)	The Trustees of the University of Philadelphia 3451 Walnut Street, Room P-221 Philadelphia PA 19104-6205	23-1352685	3	200,000	ACCRUAL			RESEARCH GRANT
(7)	The Trustees of the University of Philadelphia 3451 Walnut Street, Room P-221 Philadelphia PA 19104-6205	23-1352685	3	55,000	ACCRUAL			RESEARCH GRANT
(8)	The University of Chicago 6030 S. Ellis Avenue, Room 114 (ED)-Chicago IL 60637	36-2177139	3	200,000	ACCRUAL			RESEARCH GRANT
(9)	The University of Chicago 6030 S. Ellis Avenue, Room 114 (ED)-Chicago IL 60637	36-2177139	3	55,000	ACCRUAL			RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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**13-5644916**

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	The University of North Carolina at 104 Airport Drive, Suite 2200, CB 1 Chapel Hill, NC 27599-1350	56-6001393	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	The University of North Carolina at 104 Airport Drive, Suite 2200, CB 1 Chapel Hill, NC 27599-1350	56-6001393	3	402,524		ACCRUAL		RESEARCH GRANT
(3)	The University of Texas MD Anderson 1515 Holcombe Blvd, Unit 904 Houston, TX 77030	74-6001118	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	The University of Texas MD Anderson 1515 Holcombe Blvd, Unit 904 Houston, TX 77030	74-6001118	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	The University of Texas MD Anderson 1515 Holcombe Blvd, Unit 904 Houston, TX 77030	74-6001118	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	The University of Texas MD Anderson 1515 Holcombe Blvd, Unit 904 Houston, TX 77030	74-6001118	3	110,000		ACCRUAL		RESEARCH GRANT
(7)	The University of Texas MD Anderson 1515 Holcombe Blvd, Unit 904 Houston, TX 77030	74-6001118	3	110,000		ACCRUAL		RESEARCH GRANT
(8)	The University of Texas MD Anderson 1515 Holcombe Blvd, Unit 904 Houston, TX 77030	74-6001118	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	The University of Texas MD Anderson 1515 Holcombe Blvd, Unit 904 Houston, TX 77030	74-6001118	3	200,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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DAA

**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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Name of the organization

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**General Information on Grants and Assistance**

Employer identification number  
**13-5644916**

**Part I** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**Part II** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	The University of Texas MD Anderson 1515 Holcombe Blvd, Unit 904 Houston TX 77030	74-6001118	3	200,000	ACCRUAL			RESEARCH GRANT
(2)	The University of Texas MD Anderson 1515 Holcombe Blvd, Unit 904 Houston TX 77030	74-6001118	3	400,000	ACCRUAL			RESEARCH GRANT
(3)	University of Alabama at Birmingham 1530 3rd Ave, South Suite 1170 AB Birmingham AL 35294-0111	63-6005396	3	300,000	ACCRUAL			RESEARCH GRANT
(4)	University of Alabama at Birmingham 1530 3rd Ave, South Suite 1170 AB Birmingham AL 35294-0111	63-6005396	3	110,000	ACCRUAL			RESEARCH GRANT
(5)	University of California, San Diego 9500 Gilman Drive, MC 0009 La Jolla CA 92093-0009	95-2872494	3	55,000	ACCRUAL			RESEARCH GRANT
(6)	University of California, San Francisco 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	55,000	ACCRUAL			RESEARCH GRANT
(7)	University of California, San Francisco 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	55,000	ACCRUAL			RESEARCH GRANT
(8)	University of California, San Francisco 3333 California St, Suite 315 San Francisco CA 94143-0962	94-6036493	3	1,250,000	ACCRUAL			RESEARCH GRANT
(9)	University of Colorado Denver PO Box 910238 Denver CO 80291	84-6000555	3	75,000	FMV			THERAPY ACCELERATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Employer identification number

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(1)	University of Colorado Denver, Anschutz Medical Campus Bldg 500, Aurora CO 80045	84-0166760	3	200,000	ACCRUAL			RESEARCH GRANT
(2)	University of Connecticut Health Center, 263 Farmington Avenue, Farmington CT 06030-2806	57-1725543	3	337,033	ACCRUAL			RESEARCH GRANT
(3)	University of Florida Research & Graduate Programs, 219 Gainesville FL 32610	59-6002052	3	110,000	ACCRUAL			RESEARCH GRANT
(4)	University of Florida Research & Graduate Programs, 219 Gainesville FL 32610	59-6002052	3	379,475	ACCRUAL			RESEARCH GRANT
(5)	University of Maryland 3112 Lee Building, College Park MD 20742	52-6002033	3	200,000	ACCRUAL			RESEARCH GRANT
(6)	University of Maryland, Baltimore Research Administration, Suite N901 Baltimore MD 21201	52-6002033	3	200,000	ACCRUAL			RESEARCH GRANT
(7)	University of Massachusetts Medical Office of Research, Research Fundin Worcester MA 01655	04-3167352	3	200,000	ACCRUAL			RESEARCH GRANT
(8)	University of Massachusetts Medical Office of Research, Research Fundin Worcester MA 01655	04-3167352	3	110,000	ACCRUAL			RESEARCH GRANT
(9)	University of Massachusetts Medical Office of Research, Research Fundin Worcester MA 01655	04-3167352	3	110,000	ACCRUAL			RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I  
General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II  
Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	University of Massachusetts Medical Office of Research, Research Fundin Worcester MA 01655	04-3167352	3	55,000	ACCRUAL			RESEARCH GRANT
(2)	University of Massachusetts Medical Office of Research, Research Fundin Worcester MA 01655	04-3167352	3	110,000	ACCRUAL			RESEARCH GRANT
(3)	University of Massachusetts Medical Office of Research, Research Fundin Worcester MA 01655	04-3167352	3	55,000	ACCRUAL			RESEARCH GRANT
(4)	University of Minnesota, Twin Citie Office of Sponsored Projects Admini Minneapolis MN 55455	41-6007513	3	200,000	ACCRUAL			RESEARCH GRANT
(5)	University of Nebraska Medical Cent 985100 Nebraska Medical Center Omaha NE 68198-5100	47-0049123	3	200,000	ACCRUAL			RESEARCH GRANT
(6)	University of North Carolina at Cha 104 Airport Drive, Suite 2200, CB 1 Chapel Hill NC 27599-1350	56-6001393	3	65,000	ACCRUAL			RESEARCH GRANT
(7)	University of Pennsylvania 3451 Walnut Street, Room P-221 Philadelphia PA 19104-6205	23-1352685	3	200,000	ACCRUAL			RESEARCH GRANT
(8)	University of Pennsylvania - School 295 John Morgan Building, 3620 Hami Philadelphia PA 19104	23-1352685	3	110,000	ACCRUAL			RESEARCH GRANT
(9)	University of Rochester Office of Research & Project Admini Rochester NY 14627	16-0743209	3	200,000	ACCRUAL			RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DA4

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**  
Open to Public Inspection

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	University of South Carolina 901 Sumter Street, 5th Fl Columbia SC 29208	57-6001153	3	21,945		ACCRUAL		RESEARCH GRANT
(2)	University of Southern California 2250 Alcazar Street, Contracts & Gr Los Angeles CA 90033	95-1642394	3	65,000		ACCRUAL		RESEARCH GRANT
(3)	University of Southern California 2250 Alcazar Street, Contracts & Gr Los Angeles CA 90033	95-1642394	3	400,000		ACCRUAL		RESEARCH GRANT
(4)	University of Texas Southwestern Me 5323 Harry Hines Blvd Dallas TX 75390-9020	75-6002868	3	110,000		ACCRUAL		RESEARCH GRANT
(5)	University of Texas Southwestern Me 5323 Harry Hines Blvd Dallas TX 75390-9020	75-6002869	3	200,000		ACCRUAL		RESEARCH GRANT
(6)	University of Utah 201 S. Presidents Circle, Rm. 145, Salt Lake City UT 84112-9003	87-6000525	3	352,404		ACCRUAL		RESEARCH GRANT
(7)	University of Utah 201 S. Presidents Circle, Rm. 145, Salt Lake City UT 84112-9003	87-6000525	3	65,000		ACCRUAL		RESEARCH GRANT
(8)	University of Virginia Director Office of Sponsored Progra Charlottesville VA 22904	23-7173411	3	200,000		ACCRUAL		RESEARCH GRANT
(9)	University of Washington UW Grants & Contract Services, 3935 Seattle WA 98195	94-3079432	3	55,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047  
**2014**  
**Open to Public Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number  
**13-5644916**

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**  
**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	<b>University of Washington</b> UW Grants & Contract Services, 3935 Seattle WA 98195	94-3079432	3	200,000		ACCRUAL		RESEARCH GRANT
(2)	<b>Vanderbilt University Medical Center</b> 3319 West End Avenue, Suite 800 Nashville TN 31192-0303	62-0476822	3	110,000		ACCRUAL		RESEARCH GRANT
(3)	<b>Virginia Commonwealth University</b> Sponsored Programs Administration, Richmond VA 23298-0568	01-2201761	3	200,000		ACCRUAL		RESEARCH GRANT
(4)	<b>Wake Forest University</b> Controller's Office, Medical Center Winston-Salem NC 27157	56-0532138	3	200,000		ACCRUAL		RESEARCH GRANT
(5)	<b>Washington University School of Med</b> Sponsored Projects Accounting, 700 St. Louis MS 63112-1408	43-0653611	3	110,000		ACCRUAL		RESEARCH GRANT
(6)	<b>Washington University School of Med</b> Sponsored Projects Accounting, 700 St. Louis MS 63112-1408	43-0653611	3	399,756		ACCRUAL		RESEARCH GRANT
(7)	<b>Weill Cornell Medical College</b> 1300 York Avenue, Box 89 New York NY 10065-4805	13-1623978	3	383,867		ACCRUAL		RESEARCH GRANT
(8)	<b>Weill Med College of Cornell</b> 1300 York Ave New York NY 10065	13-1623978	3	600,000		FMV		THERAPY ACCELERATION
(9)	<b>Whitehead Institute for Biomedical</b> 9 Cambridge Center Cambridge MA 02142-1479	06-1043412	3	110,000		ACCRUAL		RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  
**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Whitehead Institute for Biomedical 9 Cambridge Center Cambridge MA 02142-1479	06-1043412	3	55,000		ACCRUAL		RESEARCH GRANT
(2)	Yale University Office of Sponsored Projects, PO Box New Haven CT 06520-8327	06-0646973	3	55,000		ACCRUAL		RESEARCH GRANT
(3)	Celator Pharmaceuticals, Inc. 200 Princeton South Corporate Center Ewing NJ 08628	20-2680869		274,256		FMV		THERAPY ACCELERATION
(4)	Celator Pharmaceuticals, Inc. 200 Princeton South Corporate Center Ewing NJ 08628	20-2680869		900,000		FMV		THERAPY ACCELERATION
(5)	Constellation Pharmaceuticals, 215 First Street Cambridge MA 02142	26-1741721		775,000		FMV		THERAPY ACCELERATION
(6)	Constellation Pharmaceuticals, 215 First Street Cambridge MA 02142	26-1741721		775,000		FMV		THERAPY ACCELERATION
(7)	Fox Chase Cancer Center 604 Cottman Ave Cheltenham PA 19012	23-1352156		29,000		FMV		THERAPY ACCELERATION
(8)	Goodwin Procter LLP 53 State Street Boston MA 02109	04-1378465		345,000		FMV		THERAPY ACCELERATION
(9)	Goodwin Procter LLP 53 State Street Boston MA 02109	04-1378465		345,000		FMV		THERAPY ACCELERATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Milestone#1, Kite Pharma 2225 Colorado Ave Santa Monica CA 90404	27-1524986		500,000		FMV		THERAPY ACCELERATION
(2)	Nanosyn, Inc. 3100 Central Expressway Santa Clara CA 95051	86-0909295		264,490		FMV		THERAPY ACCELERATION
(3)	Stemline Therapeutics, Inc. 750 Lexington Ave New York NY 10022	45-0522567		500,000		FMV		THERAPY ACCELERATION
(4)	Stemline Therapeutics, Inc. 750 Lexington Ave New York NY 10022	45-0522567		1,000,000		FMV		THERAPY ACCELERATION
(5)	Valor Biotherapeutics 8800 HSC Parkway Bryan TX 77807	46-1883738		100,000		FMV		THERAPY ACCELERATION
(6)	Valor Biotherapeutics 8800 HSC Parkway Bryan TX 77807	46-1883738		200,000		FMV		THERAPY ACCELERATION
(7)	Valor Biotherapeutics 8800 HSC Parkway Bryan TX 77807	46-1883738		100,000		FMV		THERAPY ACCELERATION
(8)	Valor Biotherapeutics 8800 HSC Parkway Bryan TX 77807	46-1883738		200,000		FMV		THERAPY ACCELERATION
(9)	Valor Biotherapeutics 8800 HSC Parkway Bryan TX 77807	46-1883738		1,000,000		FMV		THERAPY ACCELERATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
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OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	<b>Velesco Pharmaceutical Service</b> 46701 N Commerce Center Drive Plymouth MI 48170	26-1330932		22,920		FMV		<b>THERAPY ACCELERATION</b>
(2)	<b>Velesco Pharmaceutical Service</b> 46701 N Commerce Center Drive Plymouth MI 48170	26-1330932		20,219		FMV		<b>THERAPY ACCELERATION</b>
(3)	<b>Velesco Pharmaceutical Service</b> 46701 N Commerce Center Drive Plymouth MI 48170	26-1330932		9,018		FMV		<b>THERAPY ACCELERATION</b>
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014) **THE LEUKEMIA & LYMPHOMA SOCIETY, INC 13-5644916** Page 2

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PATIENT FINANCIAL AID	808	111,525			
2 COPAY ASSISTANCE CLL	2168	3,686,309			
3 COPAY ASSISTANCE LYMPHOMA	7746	8,791,634			
4 COPAY ASSISTANCE MDS	1603	3,592,561			
5 COPAY ASSISTANCE MYELOMA	6658	22,228,870			
6 COPAY ASSISTANCE MANTEL	500	1,305,000			
7 COPAY ASSISTANCE CML	1191	2,006,405			
<b>Part IV</b> Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

FIDUCIARY RESPONSIBILITY AND TRANSPARENCY TO OUR DONORS IS A HIGH PRIORITY.

THE LEUKEMIA & LYMPHOMA SOCIETY (LLS) PLACES CONSIDERABLE EMPHASIS ON THE OVERSIGHT OF GRANT SPENDING. TO ACCOMPLISH THIS WE REQUIRE THE SUBMISSION OF ANNUAL FINANCIAL REPORTS FOR EACH OF OUR ACTIVE GRANTS. THE REPORT MUST BE SIGNED BY THE FINANCIAL OFFICER AND/OR THE DESIGNATED OFFICIAL OF THE INSTITUTION HOSTING THE AWARD. AT THE END OF THE GRANT, WE REQUIRE A FINAL FINANCIAL REPORT THAT PROVIDES AN OVERVIEW OF ALL SPENDING THROUGH THE DURATION OF THE AWARD. WE REQUIRE SPECIFIC ACCOUNTING OF SPENDING ON PERSONNEL, CONSULTANTS, EQUIPMENT PURCHASES, SUPPLIES, TRAVEL, PATIENT CARE

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 COAPY ASSISTANCE ALL	34	80,550			
2 COPAY ASSISTANCE WALDENST	22	114,152			
3 PATIENT TRAVEL ASSISTNCE	633	318,255			
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

COSTS, ANIMAL CARE COSTS, AND ANY OTHER EXPENSE A GRANTEE MAY INCUR. WE HAVE SPECIFIC INSTRUCTIONS AND DOLLAR AMOUNT LIMITATIONS SET FOR MANY OF THESE CATEGORIES DEPENDING ON THE AWARD TYPE. FINANCIAL REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, ADHERENCE TO OUR GUIDELINES, AND FOR THE VERIFICATION OF APPROVAL FROM THE INSTITUTION'S FINANCIAL OFFICER. IF THE GRANTEE DOES NOT SUBMIT AN ANNUAL FINANCIAL REPORT BY THE DUE DATE OUTLINED IN THEIR CONTRACT, FUNDING IS SUSPENDED UNTIL LLS RECEIVES AND APPROVES THE DELINQUENT REPORT.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PATIENT FINANCIAL AID:

THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR MANY EXPENSES RELATED TO THEIR TREATMENT. SOMETIMES PATIENTS HAVE TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE TREATMENT EXPENSES.

IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, LLS HAS ESTABLISHED A PATIENT FINANCIAL AID PROGRAM THAT PROVIDES APPLICANTS, WHO RESIDE IN THE US AND HAVE A BLOOD CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND TO HELP DEFER SOME

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**OF THESE EXPENSES.**

LLS ROUTINELY CONDUCTS AN OPERATIONAL AUDIT VERIFYING APPLICANTS ARE IN COMPLIANCE WITH PROGRAM GUIDELINES AND PROGRAM CRITERIA.

CO-PAY ASSISTANCE:

PATIENT APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS. ELIGIBLE PATIENTS MUST RESIDE IN THE UNITED STATES OR PUERTO RICO, HAVE A PROGRAM COVERED BLOOD CANCER DIAGNOSIS CONFIRMED BY A PHYSICIAN, MAINTAIN MEDICAL/PRESCRIPTION INSURANCE AND HAVE HOUSEHOLD INCOME AT OR BELOW 500%

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

OF THE US FEDERAL POVERTY LEVEL AS ADJUSTED BY HOUSEHOLD SIZE AND COST OF LIVING INDEX. PATIENTS MUST PROVIDE PROOF OF INSURANCE AND INCOME. QUALIFYING PATIENTS ARE APPROVED FOR A TWELVE MONTH COVERAGE PERIOD.

PATIENT TRAVEL ASSISTANCE:

THE LEUKEMIA AND LYMPHOMA SOCIETY (LLS) REGULARLY RECEIVES CALLS FROM PATIENTS WHO CANNOT MOVE FORWARD WITH THEIR POTENTIALLY LIFE-SAVING TREATMENTS BECAUSE THEY CANNOT AFFORD TO PAY FOR TRANSPORTATION TO GET TO THEIR PROVIDERS, E.G. DOCTORS, HOSPITALS, TRANSPLANT CENTERS, AND RESEARCH OR CLINICAL TRIAL CENTERS. SOMETIMES PATIENTS HAVE TO TRAVEL OUT-OF-STATE



**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

TO GET THEIR PRESCRIBED AND RECOMMENDED TREATMENTS, OFTEN TIMES RESULTING IN PATIENTS HAVING TO CHOOSE BETWEEN BASIC NEEDS SUCH AS FOOD OR SHELTER AND THEIR HEALTH CARE.

IN AN EFFORT TO ALLEVIATE SUCH HARDSHIPS, LLS ESTABLISHED THE TRAVEL ASSISTANCE PROGRAM WHICH PROVIDES APPLICANTS, WHO ARE US CITIZENS OR PERMANENT RESIDENTS, HAVE AN ANNUAL INCOME AT OR BELOW 500% OF THE FEDERAL POVERTY LEVEL (FPL) AND HAVE A CONFIRMED BLOOD CANCER DIAGNOSIS, A ONE-TIME ANNUAL STIPEND TO HELP DEFER SOME OF THESE EXPENSES.



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number  
**13-5644916**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	<input checked="" type="checkbox"/>	
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.  
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LOUIS J. DEGENNARO PRESIDENT & CEO	(i) 433,871 (ii) 0 (iii) 0	0	23,963	84,300	28,674	570,808	0
2 ROSEMARIE A. LOFFREDO EVP-CAO & CFO	(i) 300,560 (ii) 0 (iii) 0	0	11,632	10,150	14,666	337,008	0
3 GORDON MILLER, JR SVP FINANCE	(i) 210,677 (ii) 0 (iii) 0	0	9,439	19,400	27,940	267,456	0
4 MARK ROITHMAYR EVP-CHIEF DEVELOPMENT	(i) 343,206 (ii) 0 (iii) 0	0	10,554	17,976	32,057	403,793	0
5 GEORGE J. OMIROS - TERM APR15 EVP-CHIEF CAMP&FIELD	(i) 306,618 (ii) 0 (iii) 0	0	11,698	28,111	22,014	368,441	0
6 BRIAN ROSEN - TERM FEB15 CHIEF POLICY & ADVOC	(i) 255,063 (ii) 0 (iii) 0	25,000	12,547	18,776	10,873	322,259	5,594
7 LEE M. GREENBERGER SVP & CHIEF SCIENTIF	(i) 272,769 (ii) 0 (iii) 0	0	11,397	10,006	32,899	327,071	0
8 JEFFREY COMO - TERM DEC14 CHIEF INFORM. OFFICER	(i) 81,125 (ii) 0 (iii) 0	50,000	307,345	20,518	1,389	460,377	0
9 LISA STOCKMON - TERM SEPT14 EVP-CHIEF MARK. OFFIC	(i) 219,789 (ii) 0 (iii) 0	0	59,141	8,750	12,609	300,289	18,749
10 GABRIELLE UROUHART - TERM JUN15 REGIONAL VP	(i) 210,453 (ii) 0 (iii) 0	25,000	1,923	9,653	10,294	257,323	0
11 JOHN E. WALTER - TERM FEB14 FORMER PRES & CEO	(i) 54,230 (ii) 0 (iii) 0	0	785,660	1,458	22,896	864,244	156,240
12	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	0
13	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	0
14	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	0
15	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	0
16	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

Severance Nonqualified Equity-based

LOUIS J. DEGENNARO	0	50,000	0
JEFFREY COMO-TERM DEC14	130,452	0	0
JOHN E. WALTER - TERM FEB14	592,172	0	0

Part I, Line 7 - Non-Fixed Payments Provided

Bonuses were paid based on the achievement of the overall organization's

Operating Plan, employee individual performance and other metrics.

Bonuses were capped according to LLS's policy. These amounts are reported

on schedule J Part II, Column (B)(ii).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number

**13-5644916**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art— Works of art				
2 Art— Historical treasures				
3 Art— Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	<b>X</b>	<b>141</b>	<b>969,388</b>	<b>Market Value</b>
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>48</b>		
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>Printed Items</b> )	<b>X</b>	<b>11</b>		
26 Other ▶ ( <b>Various</b> )	<b>X</b>	<b>48</b>		
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29 **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**Schedule M - Supplemental Information**

**PART I, COLUMN (B)**

LLS IS REPORTING THE NUMBER OF CONTRIBUTIONS FOR EACH OF THE ITEMS IN PART I, NOT THE NUMBER OF INDIVIDUAL ITEMS.

**Part I, Line 33 - Explanation for Not Reporting Revenue**

LLS ONLY RECORDS DONATED SECURITIES AS REVENUE. ALL OTHER ITEMS FOR WHICH COLUMN A IS CHECKED ARE NOT RECORDED AS REVENUE OR EXPENSE BECAUSE THEY WOULD NOT HAVE BEEN PURCHASED HAD THEY NOT BEEN DONATED, AND ARE IMMATERIAL IN AMOUNT RELATIVE TO THE STATEMENTS OF LLS.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

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**13-5644916**

**Form 990, Part III, Line 4a - First Accomplishment**

We will continue to support research through our innovative and integrated funding programs, until every patient has a safe and effective therapy. In fiscal year 2015, LLS supported research in the U.S., Canada and 7 other countries with a total research disbursement of approximately \$65 million. Research funding was distributed across all blood cancers.

**OUR CRITICAL ROLE**

LLS programs accelerate relevant research outcomes by:

- Building a focused research work-force: Assuring the next round of breakthroughs requires that young investigators be encouraged to work in blood cancer research fields.
- Turning discoveries into new therapies: Fundamental new findings can be translated into safe and effective treatments that can ultimately prolong and enhance patient lives.
- Supporting synergy: Large grants and contracts enable scientists in academia and the private-sector to collaborate, combining resources and expertise to produce more and faster advances.
- Filling a void: Research projects that are high-risk and/or address rare cancers are less likely to be funded by government agencies or for-profit companies, but may provide important advances.
- Speeding new treatments to patients: Partnering with biotechnology and pharmaceutical companies can advance promising therapies through clinical testing, faster.



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**PAST ADVANCES MADE WITH LLS RESEARCH FUNDING**

Generous donors have helped LLS support research that has already benefited blood cancer patients and many others. Advances include:

- Multi-drug therapies that are more effective than treatments with single anti-cancer agents,
- Bone marrow / stem cell transplantation and supportive care treatments for patients who relapse despite the best available therapy, and,
- Tests that distinguish specific characteristics of particular blood cancers for accurate diagnosis of cancer subtypes, and for "risk stratification" to select an optimal therapy.

**TARGETED THERAPY RESEARCH**

Discovering the molecular abnormalities that cause particular types of blood cancer has been useful in diagnosis and risk stratification, and in new "targeted drug" development. LLS-funded investigators have helped advance molecularly targeted treatments that can selectively kill blood cancer cells versus normal cells. Many of these new treatments benefit not only blood cancer patients, but also patients with other diseases. For example:

- Gleevec® is FDA-approved for patients of all ages with chronic myeloid leukemia (CML), and is also approved for patients with one form of acute lymphoid leukemia (ALL), myelodysplastic syndromes (MDS), myeloproliferative disorders and rare forms of stomach and skin cancers. Related drugs, Sprycel® and Tassigna®, are approved for patients who do not benefit from Gleevec. One or more of these drugs are also showing promise for patients with various lymphomas, acute myeloid leukemia (AML), chronic

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lymphocytic leukemia (CLL), and other cancers, including brain, breast, head-and-neck, lung, pancreatic, and prostate cancers, and patients with other diseases including Alzheimer's, asthma and pulmonary hypertension.

- Rituxan® was the first FDA-approved, anti-cancer antibody drug, developed for patients with forms of B-cell non-Hodgkin lymphoma (NHL). It is now also approved for CLL patients and as a "maintenance" therapy for follicular lymphoma patients, and showing promise for patients with ALL and after stem cell transplantation. In addition, it is approved for treating patients with severe rheumatoid arthritis and two other types of autoimmune diseases. A related antibody drug, Arzerra®, is approved for CLL patients and showing wider promise.

- Velcade®, Thalidomid® and Revlimid® are FDA-approved for patients with myeloma and are also helping some patients with Hodgkin lymphoma and NHL. Krypolis® was recently approved for myeloma patients for whom at least two prior therapies were insufficient. One or more of these drugs are now being tested for patients with T-cell and B-cell forms of lymphoma, acute leukemias, as well as AIDS-related Kaposi sarcoma and brain, breast, colorectal, head-and-neck, kidney, liver, lung, ovarian and prostate cancers, and Alzheimer's disease.

- Istodax®, Zolinza®, Dacogen® and Vidaza® target small chemical, "epigenetic" changes. The first two drugs are approved for patients with peripheral T-cell lymphomas; the latter drugs are approved for MDS patients. One or more of these drugs are being tested for patients with ALL, AML, CML, CLL, myeloma and forms of NHL, after stem cell transplantation, and for patients with breast, brain, kidney, colorectal, head-and-neck, lung, stomach, prostate and ovarian cancers, melanoma as well as sickle cell disease and persistent HIV infections.

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- Adcetris® was approved in 2011, and in January 2012. It is an antibody-drug conjugate that combines an anti-CD30 antibody and the cytotoxic drug monomethyl auristatin E (MMAE). It is an anti-neoplastic agent used in the treatment of Hodgkin lymphoma after failure of autologous stem cell transplant or those who are not eligible for ASCT after failure of at least 2 mutiagen chemotherapy regimens. Adcetris® was also approved for systemic anaplastic large cell lymphoma with failure of at least one prior treatment.

- Gazyva® is a humanized monoclonal antibody used as a combination treatment with chlorambucil to treat patients with untreated chronic lymphocytic leukemia. It was approved by the FDA in November 2013 and by the EHA in July 2014.

- Imbruvica® is an oral small molecule inhibitor agianst BTK kinase. It was first approved by the US FDA on November 13, 2013 for the treatment of mantle cell lymphoma patients who have recieved at least one prior treatment. On Feb. 12, 2014 the US FDA expanded the approved use of the drug to chronic lymphocytic leukemia (CLL) patients who have received at least one prior treatment. Additionally, it received further expansion to treat 17p deletion in CLL with or without prior therapy.

- Zydelig® is an oral small molecule inhibitor that blocks the delta isoform of the enzyme phosphoinositide 3-kinase. It was approved by the FDA in July 2014 to treat relapsed/refractory CLL in combination with rituxan. It was also approved to use as a monotherapy for relapsed mantle cell lymphoma and follicular lymphoma.

OTHER ACTIVE RESEARCH DIRECTIONS

LLS-funded researchers are also exploring other areas of research that hold

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promise for patients:

- Novel Stem Cell Transplantation Procedures: These include so-called "mini" transplants that use less toxic pre-transplant treatments and engineered donor cells that help reduce post-transplant complications, making these potentially curative treatments available to more patients.

- Immunotherapies: Including antibodies, vaccines and engineered immune cells, these targeted therapies help a patient's immune system fight infections and kill residual cancer cells, prolonging remissions, and perhaps one day replacing toxic chemotherapies.

- Diagnostics: New technologies make it possible to characterize the abnormalities in individual cancer cases in molecular detail. This information can be used to help choose the best possible treatment for each patient, especially as more targeted therapies become available.

- Quality of Life Research: These studies increase our understanding of how specific treatments can cause debilitating side-effects, including late-effects, and which patients are at risk for developing these complications, so that they can be better managed or even prevented.

DRIVING RESEARCH TO ADDRESS UNMET MEDICAL NEEDS

LLS continues to solicit and support research focused on improving blood cancer patients' quality of life after today's curative therapies. Also in 2015, for the fourth year, LLS actively recruited research proposals in six other underdeveloped research areas in which progress is likely to improve outcomes for patients with particularly urgent needs. New research is focused on:

- Development of novel therapeutic strategies for patients with non-cutaneous T-cell lymphoproliferative disorders

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- Develop novel targeted therapies for CLL patients, with real curative potential
- Develop novel treatment strategies for MDS and AML patients
- Develop novel targeted therapies for patients with high-risk myeloma
- Development of new-targeted therapies for indolent lymphoma patients
- Define genetic/molecular predispositions to long-term and late-term effects associated with standard therapies in pediatric ALL and apply this information to improve patient outcomes.

**THE THERAPY ACCELERATION PROGRAM**

This strategic initiative was launched in 2007 to move new treatments and diagnostics through preclinical development and clinical trials, faster. Using milestone-driven contracts and working in concert with academic investigators, medical centers and companies, LLS is further bridging the gap between discovery and human applications to increase the likelihood that novel, possibly breakthrough, treatments will be available to patients as soon as possible. The program includes:

- The Academic Concierge Division identifies especially promising LLS-funded grant projects and provides additional support to advance selected projects to the product stage.
- The Biotechnology Accelerator Division partners LLS with companies to combine scientific and financial resources and accelerate the development of potential blood cancer therapies that otherwise might not be prioritized by the company.
- The Clinical Trials Division brings clinical trials to blood cancer patients in their communities, including under-represented populations, and with the ultimate goal of increasing patient enrollment in blood cancer

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trials.

**Form 990, Part III, Line 4b - Second Accomplishment**

A number of resources are available in Spanish for patients, caregivers and healthcare professionals.

LLS publishes an annual compilation of data available for blood cancers, including the estimated numbers of new blood cancer cases and deaths, the most recent statistics available for incidence, mortality and survival; and current and accurate information about symptoms, risk factors and treatment.

**Publications**

An extensive catalog of education materials is offered free-of-charge to patients and healthcare professionals. Each year, LLS distributes booklets, brochures, fact sheets, education program transcripts and DVDs through the Information Resource Center and LLS chapters.

Many materials are also available to view and download at [www.LLS.org/resourcecenter](http://www.LLS.org/resourcecenter). Downloadable materials are available in English, Spanish and French.

- 705,326 printed booklets, brochures, fact sheets, education program transcripts and DVDs distributed in 2015.

**Financial Assistance**

In 2015, a combined \$42,235,261 was disbursed to patients through the LLS Patient Financial Aid (\$111,525), Co-Pay Assistance programs

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(\$41,805,481) and the LLS National Patient Travel Assistance Program (\$318,255).

#### Co-Pay Assistance Program

This Co-Pay Assistance program helps patients with many kinds of blood cancers meet their health insurance or Medicare Plan Part B or D premiums or co-payment obligations related to treating their cancer. Patients with prescription drug coverage, Medicare beneficiaries under Medicare Part B and/or Medicare Part D, Medicare Supplementary Health Insurance or Medicare Advantage should check with LLS to see if they meet eligibility requirements to receive financial support. Co-pay Assistance is subject to fund availability by specific blood cancer diagnosis. For more information call, (877) LLS-COPAY [(877) 557-2672] or visit [www.LLS.org/copay](http://www.LLS.org/copay).

- 19,922 patients received LLS Co-pay Assistance in 2015

#### Community Programs

Each LLS chapter office is staffed with a patient services manager (PSM) who oversees services to patients and their families, caregivers and healthcare professionals. PSMs are healthcare professionals, often with a background in oncology nursing or social work. PSMs serve as liaisons with community and regional oncology/hematology healthcare professionals and treatment centers. Community-based education and outreach, support and public policy and advocacy programs are available.

#### Patient Education Programs:

In 2015 we conducted 221 local patient education programs to a total of 9,807 attendees. These programs ranged from disease specific topics to

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those of survivorship. Of the total attending these local education programs, a majority were patients and caregivers (6,872 attendees) but importantly, many (2,404 attendees) were healthcare professionals.

#### Blood Cancer Conferences:

LLS works to elevate our visibility in communities we serve by hosting larger-scale conferences, geared for patients, caregivers and healthcare professionals. These events are a catalyst for bringing many dedicated people together to focus on blood cancer awareness, information and the latest advances in medical science. They are also an important source of continuing education for many healthcare professionals.

In 2015, 25 BCC conferences were held with total attendance of 6,589. 2,965 were patients, 1,511 caregivers, 1,001 nurses, 181 social works, 128 medical doctors, and 628 "other" healthcare professionals

#### Serving the Underserved:

In 2015, we offered 68 special programs to people who often don't have the same access to information and support as others might have. Breaking down access barriers in underrepresented populations means blood cancer patients get the information and support they need. This outreach brought important disease treatment information to more than 5,500 people in communities we serve. Of this, 3,870 were patients and caregivers, joined by 1,126 healthcare professionals.

#### Myeloproliferative Neoplasms or MPN:

In 2015, LLS was able to offer specialized Myeloproliferative Neoplasms or MPN education programs in four communities to a total of 70 patients and



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caregivers and 9 healthcare professionals. In addition, LLS provided community-based education concerning the latest clinical trials information to 634 patients and caregivers, who were joined by 286 healthcare professionals.

**Family Support Groups:**

Throughout the US, in 2015, LLS supported or hosted 296 registered Family Support Group meetings for patients and their families. Groups are guided by two volunteer oncology health professionals, providing information and support and encouraging greater communication among patients, families, friends and healthcare professionals. LLS Support groups are the perfect place to talk with other people affected by blood cancers, including patients, family members and caregivers. The groups provide mutual support and offer the opportunity to discuss anxieties and concerns with others who share the same experiences. This sharing strengthens the family bond and enhances everyone's ability to cope with cancer.

**Patti Robinson Kaufmann First Connection Program:**

First Connection is a program that links newly diagnosed patients to a peer volunteer who has experienced a similar diagnosis. A trained patient-volunteer currently in remission contacts the new patient to share information and support. This program is available through LLS chapters.

- 1,476 First Connections across the US in 2015.

**Form 990, Part III, Line 4c - Third Accomplishment**

Patients, families and healthcare professionals may speak to an Information Specialist at (800) 955-4572 Monday through Friday, 9 a.m. to 9 p.m., ET,

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email [infocenter@LLS.org](mailto:infocenter@LLS.org) or chat one-on-one via the LLS website. The Information Resource Center offers translation services in more than 165 languages.

- 31,511 inquiries made to our Information Specialists, and 30,871 inquiries made to our patient access staff across the country in 2015.

#### The LLS Website

The LLS website, [www.LLS.org](http://www.LLS.org), fulfills a wide variety of education and information needs. Visitors can personalize their web pages to their location to keep current with disease-specific updates and community education and support activities. The website provides access to LLS programs and services, including co-pay assistance, the most current and accurate information and statistics, weekly facilitated online chats, national telephone and web education programs, publications in English and Spanish, and clinical-trial searches via an online clinical-trial search service that offers patients and caregivers immediate access to listings of blood cancer clinical trials. Patients, caregivers and healthcare professionals can interact with LLS and one another through social networking, podcasts and eNewsletters.

#### National Telephone/ Web Education Programs

LLS sponsors telephone and web education programs for patients, caregivers, survivors and healthcare professionals about leukemia, lymphoma, myeloma and myelodysplastic syndromes. In 2015, 9 LLS national education programs featured disease-specific updates and information about support and treatment options from world renowned clinical experts. Opportunities are provided to ask questions of experts during these programs. These programs

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offer continuing education credits for nurses and social workers. LLS also sponsors a range of professional education programs. Recent programs explored the administration and management of current therapies for hematologic malignancies and communication among primary care providers and hematologists/oncologists in managing patients with hematologic cancer. Upcoming programs are posted at [www.LLS.org/programs](http://www.LLS.org/programs) and archives of past programs are available at [www.LLS.org/pastprograms](http://www.LLS.org/pastprograms). Professional education programs are available at [www.LLS.org/professionaled](http://www.LLS.org/professionaled). LLS also offers disease-specific webcasts presented by world renowned clinical experts. These can be accessed at [www.LLS.org/webcasts](http://www.LLS.org/webcasts).

Form 990, Part III, Line 4d - All Other Accomplishment

D) PROFESSIONAL EDUCATION:

LLS serves the educational needs of the medical and research community through a number of professional education symposia offered throughout the year. The educational program offers varying formats to facilitate the exchange of information and ideas on the newest developments in cancer research and treatment.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries

Canada

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The members of LLS consist of one elected representative from each chapter.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The board of representatives (representing the chapters) elects the members

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of LLS's governing body, its National Board of Directors.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

Significant decisions affecting the chapters require an approving vote by the chapter delegates. Decisions not significantly affecting the chapters do not require approval from the chapter delegates.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 was prepared by the LLS Finance department and was reviewed by the CAO & CFO, Sr. Vice President of Finance, and KPMG for comment and suggested revisions.

The Form 990 was then provided to the Audit Committee, which is a committee of the Board of Directors. The Audit Committee reviewed the 990 and provided input prior to filing.

The final draft Form 990 was provided to the entire Board of Directors prior to filing by posting the form on an intranet website.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All employees, Board of Directors members, Board of Representatives members, Chapter Board members, Family Support Group facilitators, and TNT coaches are required to review the conflict of interest policy on an annual basis and submit a signed form acknowledging that they have reviewed the policy and disclosed any conflicts of interest.

All forms are collected and the audit committee reviews any forms

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disclosing a possible conflict of interest and determines whether or not a conflict exists.

Part VI, Line 12 C:

All employees, Board of Directors members, Board of Representatives are recused from any discussion where a Conflict of Interest exists. Any questions regarding COI will go to the Audit Committee.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Committee comprised of independent members of the Board of Directors reviews and monitors the Chief Executive Officer's performance and compensation. In 2015 the committee obtained a survey of other not-for-profit organizations' compensation ranges and set the Chief Executive's salary commensurately. The committee met and reviewed the compensation package but it was not included in the Committee minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Executive Committee comprised of independent members of the Board of Directors reviews and monitors the Chief Executive Officer's performance and compensation. In 2015 the committee obtained a survey of other not-for-profit organizations' compensation ranges and set the Chief Executive's salary commensurately. The committee met and reviewed the compensation package but it was not included in the Committee minutes.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, New Hampshire,

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New Jersey, New Mexico, Nebraska, New York, Ohio, Oklahoma, Oregon,  
 Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Utah,  
 Virginia, Washington, Wisconsin, West Virginia

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Leukemia & Lymphoma Society, Inc. makes its annual financial statements available to the public on its website at [www.lls.org](http://www.lls.org). Its governing documents are made available for public inspection. Any identified conflicts of interest are disclosed in the 990.

Canada Opening Net Assets Adjustments	\$	133,047
Financial Statements Rounding	\$	-63
<b>Total Other Changes in Net Assets</b>	<b>\$</b>	<b>132,984</b>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

**THE LEUKEMIA & LYMPHOMA SOCIETY, INC**

Employer identification number  
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**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	<b>THE LLS OF CANADA</b> 804 2 LANSING SQUARE TORONTO CA M2J4P8	PART VII	CA			N/A		X
(2)	<b>THE LLS RESEARCH PROGRAMS, INC.</b> 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605	PART VII	DE	501C3	11b	LLS, INC	X	
(3)	<b>THE LLS RESEARCH FOUNDATION</b> 1311 MAMARONECK AVENUE WHITE PLAINS NY 10605	PART VII	DE	501C3	11b	LLS, INC	X	
(4)								
(5)								

**Part III** Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
<b>1</b>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
<b>b</b>	Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b>	Gift, grant, or capital contribution from related organization(s)		X
<b>d</b>	Loans or loan guarantees to or for related organization(s)	X	
<b>e</b>	Loans or loan guarantees by related organization(s)	X	
<b>f</b>	Dividends from related organization(s)		X
<b>g</b>	Sale of assets to related organization(s)		X
<b>h</b>	Purchase of assets from related organization(s)		X
<b>i</b>	Exchange of assets with related organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b>	Sharing of paid employees with related organization(s)		X
<b>p</b>	Reimbursement paid to related organization(s) for expenses		X
<b>q</b>	Reimbursement paid by related organization(s) for expenses		X
<b>r</b>	Other transfer of cash or property to related organization(s)		X
<b>s</b>	Other transfer of cash or property from related organization(s)		X
<b>2</b>	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	<b>THE LEUKEMIA &amp; LYMPHOMA SOCIETY</b>	<b>d</b>	<b>38,116</b>	<b>COST</b>
(2)	<b>OF CANADA</b>			
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(1)	(a)	(b)	(c)	(d)	(e)		(f)	(g)	(h)		(i)	(j)		(k)
					Are all partners section 501(c)(3) organizations?	Yes			No	Disproportionate allocations?		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

**Schedule R - Group Exemption Relationships**

THE LEUKEMIA & LYMPHOMA SOCIETY OF CANADA CARRIES OUT THE SAME PRIMARY ACTIVITIES AS THE LEUKEMIA & LYMPHOMA SOCIETY, INC., IN CANADA.

THE LEUKEMIA SOCIETY RESEARCH PROGRAMS, INC. AND THE LEUKEMIA RESEARCH FOUNDATION, INC. SUPPORT THE ACTIVITIES OF THE LEUKEMIA & LYMPHOMA SOCIETY, INC.